

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

RECEIVED

2012 FEB 10 AM 9:21

Office Use Only

FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Action4Liberty

ADDRESS (number and street)

7332 Niagara Lane N

Check if different  
than previously  
reported. (ACC)

Maple Grove

MN

55311

FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00508788

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)

July 15  
Quarterly Report (Q2)

October 15  
Quarterly Report (Q3)

January 31  
Year-End Report (YE)

July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)  
(Non-Election  
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)  
(Non-Election  
Year Only)

☒ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☒ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

MM / DD / YYYY

in the  
State of

(d) 30-Day  
POST-Election  
Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

MM / DD / YYYY

in the  
State of

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brian J. Baker

Signature of Treasurer

Bj Baker

Date

MM / DD / YYYY  
01 / 31 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Action4Liberty**

Report Covering the Period: From:

**01/01/2011**

To:

**12/31/2011**

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1,

**2011**

**0**

(b) Cash on Hand at  
Beginning of Reporting Period.....

(c) Total Receipts (from Line 19).....

**\$1,926**

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

**\$1,926**

7. Total Disbursements (from Line 31).....

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

**\$1,926**

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

**0**

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

**0**

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Action4Liberty**

Report Covering the Period:

From:

**01/01/2011**

To:

**12/31/2011**

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

**11. Contributions (other than loans) From:**

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized .....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees .....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

Transfers From Affiliated/Other  
Party Committees.....

**13. All Loans Received .....**

**14. Loan Repayments Received.....**

**15. Offsets To Operating Expenditures**  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

**16. Refunds of Contributions Made**  
to Federal Candidates and Other  
Political Committees.....

**17. Other Federal Receipts**  
(Dividends, Interest, etc.).....

**18. Transfers from Non-Federal and Levin Funds**

(a) Non-Federal Account  
(from Schedule H3) .....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b))..

**19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶**

**20. Total Federal Receipts**  
(subtract Line 18(c) from Line 19).....▶

**\$1,926**

**\$1,926**

**\$1,926**

**\$1,926**

**\$1,926**

12030741206

## Page 4

**FE6AN026**

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-  
penditures

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
34. Total Contribution Refunds  
(from Line 28(d)) .....
35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....▶
37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....▶

\$1,926

0

\$1,926

0

0

12030741208

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Action4Liberty**

Full Name (Last, First, Middle Initial)

Mailing Address

Brian Baker 7332 Niagara Lane N Maple Grove, MN 55311

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

12/14/2011

Amount of Each Receipt this Period

\$426

Full Name (Last, First, Middle Initial)

Mailing Address

Perry Schmidt 370 Bergomot Rd Medina, MN 55340

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

12/15/2011

Amount of Each Receipt this Period

\$300

Full Name (Last, First, Middle Initial)

Mailing Address

Patrick Schmidt 18344 66th Pl N Maple Grove, MN 55311

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

12/15/2011

Amount of Each Receipt this Period

\$300

SUBTOTAL of Receipts This Page (optional).....▶

\$1,026

TOTAL This Period (last page this line number only).....▶

\$1,026

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Action4Liberty**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

**Karen Larson 7340 Niagara Ln N Maple Grove, MN 55311**

**12/15/2011**

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**\$500**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

**Gary Leonard 9113 Telford Crossing N Brooklyn Park, MN 55443**

**12/15/2011**

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**\$300**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

**Not Disclosed**

**12/15/2011**

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**\$100**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

**\$900**

TOTAL This Period (last page this line number only).....

**\$1,926**

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Action4Liberty

LOAN SOURCE Full Name (Last, First, Middle Initial)

N/A

Election:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (apr) ☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030741211



**SCHEDULE C-1 (FEC Form 3X)**

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)  <b>Action4Liberty</b>		<b>FEC IDENTIFICATION NUMBER</b> <b>C 00508788</b>	
LENDING INSTITUTION (LENDER) Full Name  <b>N/A</b>		Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;">Ø</div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;"> </div> %
Mailing Address		Date Incurred or Established <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;"> </div>	
City	State	Zip Code	Date Due <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;"> </div>
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;"> </div>			
B. If line of credit,  Amount of this Draw: <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;"> </div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;"> </div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;"> </div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;"> </div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  Date account established: <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;"> </div>		Location of account: _____ Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;"> </div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center;"> </div>	
Title			

12030741212

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

Action4Liberty

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

N/A

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

0

12030741213

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE      OF  
FOR LINE 24 OF FORM 3X

<b>NAME OF COMMITTEE (In Full)</b> <b>Action4Liberty</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

<b>Full Name (Last, First, Middle Initial) of Payee</b> <b>N/A</b>	<b>Date</b> MM / DD / YYYY
<b>Mailing Address</b> <b>N/A</b>	<b>Amount</b> \$
<b>City</b> <b>State</b> <b>Zip Code</b>	

<b>Purpose of Expenditure</b>	<b>Category/Type</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____
<b>Name of Federal Candidate Supported or Opposed by Expenditure:</b>		<b>Check One:</b> <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
<b>Calendar Year-To-Date Per Election for Office Sought</b>		<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

<b>Full Name (Last, First, Middle Initial) of Payee</b>	<b>Date</b> MM / DD / YYYY		
<b>Mailing Address</b>	<b>Amount</b> \$		
<b>City</b> <b>State</b> <b>Zip Code</b>			
<b>Purpose of Expenditure</b>	<b>Category/Type</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____
<b>Name of Federal Candidate Supported or Opposed by Expenditure:</b>		<b>Check One:</b> <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
<b>Calendar Year-To-Date Per Election for Office Sought</b>		<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>	<b>\$</b>
<b>(b) SUBTOTAL of Unitemized Independent Expenditures .....</b>	<b>\$</b>
<b>(c) TOTAL Independent Expenditures .....</b>	<b>0</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *kgBal*      Date 01 / 31 / 2012

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) <b>Action4Liberty</b>				
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee <b>N/A</b>		
		Mailing Address		
		City	State	ZIP Code

  

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/ Type
Mailing Address				Date	
City		State		ZIP Code	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶					

  

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/ Type
Mailing Address				Date	
City		State		ZIP Code	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶					

  

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure	Category/ Type
Mailing Address				Date	
City		State		ZIP Code	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶					

  

SUBTOTAL of Expenditures This Page (optional).....▶					0
TOTAL This Period (last page this line number only).....▶					

12030741215

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  
Action4Liberty

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
  - \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
  - \_\_\_\_\_ Senate-Only Election Year (21% Federal)
  - \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)
- N/A - no expenditures

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐ or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %  
Nonfederal .....  %

N/A

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

Action4Liberty

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

#### ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

%

NONFEDERAL %

%

#### ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

%

NONFEDERAL %

%

#### ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

%

NONFEDERAL %

%

#### ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

%

NONFEDERAL %

%

#### ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

%

NONFEDERAL %

%

#### ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

%

NONFEDERAL %

%

12030741217

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE	OF
FOR LINE 18a OF FORM 3X	

NAME OF COMMITTEE (In Full)

Action4Liberty

NAME OF ACCOUNT

N/A

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

I) Total Administrative .....

II) Generic Voter Drive .....

III) Exempt Activities .....

IV) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

V) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support .....

VI) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

0

12030741218

SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY

PAGE OF  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)  
Action4Liberty

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City State Zip Code			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date		
Category/Type			Date		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					

Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City State Zip Code			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date		
Category/Type			Date		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City State Zip Code			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date		
Category/Type			Date		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))		
FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT		
0		



**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE      OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

**Action4Liberty**

NAME OF ACCOUNT

**N/A**

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

0

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**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

Action4Liberty

A. Full Name (Last, First, Middle Initial) / Full Organization Name

N/A

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

**SUBTOTAL of Shared Federal and Levin Activity This Page**

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

**TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))**

FEDERAL SHARE

LEVIN SHARE

TOTAL AMOUNT

**TOTAL This Period for the Levin Share**

0

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**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) <b>Action4Liberty</b>		
NAME OF ACCOUNT		

  

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
<b>2. OTHER RECEIPTS</b> .....		
<b>3. TOTAL RECEIPTS</b> .....		<b>0</b>
(Add Lines 1c and 2)		
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b>		
(Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
<b>5. OTHER DISBURSEMENTS</b> .....		
<b>6. TOTAL DISBURSEMENTS</b> .....		<b>0</b>
(Add Lines 4e and 5)		
<b>7. BEGINNING CASH ON HAND</b> .....		<b>0</b>
(for Column B, use cash as of January 1st)		
<b>8. RECEIPTS</b> .....		
(from Line 3)		
<b>9. SUBTOTAL</b> .....		
(Add Lines 7 and 8)		
<b>10. DISBURSEMENTS</b> .....		
(From Line 6)		
<b>11. ENDING CASH ON HAND</b> .....		<b>0</b>
(Subtract Line 10 From Line 9)		

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Date of Receipt

☐ Hand Delivered

Postmarked

☒ USPS First Class Mail

1/31/12

Postmarked (R/C)

☐ USPS Registered/Certified

Postmarked

☐ USPS Priority Mail

Delivery Confirmation™ or Signature Confirmation™ Label

☐

Postmarked

☐ USPS Express Mail

☐ Postmark Illegible

☐ No Postmark

Shipping Date

☐ Overnight Delivery Service (Specify):

Next Business Day Delivery

☐

Date of Receipt

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt or Postmarked

☐ Other (Specify):

  
PREPARER

2/10/12  
DATE PREPARED

(3/2005)

12030741223